FEC FORM 3L

2011 MAR 16 AM 7: 56

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTSAIL CENTER AND LOBBYIST/REGISTRANT PACS

1.	NAME OF TYP COMMITTEE (in full)	PE OR PRINT	-	le: If typing, type e lines.	12FE4M5	
V	Republican.	Findin	an Came	vittera	PAC	
ADDRESS (number and street) 1103/19 West light Drive, Switz 2314						
	Check if different than previously reported. (ACC)	Beitible	CITY		STATE	2.08.1.7-1- ZIP CODE
2.	FEC IDENTIFICATION NUMBER		3. IS THIS NEW		AMENDED	4. STATE DISTRICT
-	00049129	2	REPORT X	N) OR	(A)	For Candidates Only
5.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20	(M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On	: Mar 20 (M3)	Jun 20 (M6)	Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7) ar Semi-annual F		(M10) Jan 31 (YE) and/or Semi-annual Report
	July 15 Quarterly Report (Q2) and/or Semi-annual Report October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election This report also co Report for the: Special (12S) Convention (12C)				
		Election	M M / D On on	D / Y Y Y	Y in the State of	See Line 6(b)
		(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S) the semi-annual Report for the:				
		Election	M M / D on on	D / Y Y Y	Y in the State of	See Line 6(b)
6.	Covered Period(s)	(a) Quarterly/	Monthly/Pre-/Post-Elect	ion Covered Period	(b) Semi-annual Covered Period
	This report covers	23'2E	through	2') i 'à	Ö j Ö and	January 1 - June 30 /or July 1 - December 31
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period 7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs 9. OO 1. Total Reportable Bundled Contributions by Lobbyists/Registrant PACs 1. Total Reportable Bundled Contributions by Lobbyists/Registrant PACs 2. OO 3. OO 4. OO 4. OO 5. OO 6. OO 7. OO 7. OO 7. OO 8. OO 9. OO						
l c	certify that I have examined this R	Report and to t	he best of my knowle	dge and belief it	is true, correct and	I complete.
Type or Print Name of Treasurer Took Venkale san						
Signature of Treasurer Date 03 11 2011						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
ſ	Office Use					FEC FORM 3L 02/2009